

Bureau of Water • 1021 North Grand Avenue East • P.O. Box 19276 • Springfield • Illinois • 62794-9276

Sanitary Sewer Overflow or Bypass Notification Summary Report

- Within 24 hours of the occurrence, notify the Illinois EPA regional wastewater staff by telephone, FAX, email or voice mail, if staff are unavailable.
- Within 5 days of the occurrence, provide a written report describing the overflow or bypass, including all information requested on this form. The permittee is required to submit this form or other equivalent written notification to the Illinois EPA at:

Bureau of Water/Compliance Assurance Section - MC #19 1021 North Grand Avenue East P.O. Box 19276 Springfield, IL 62794-9276

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Permittee (Mun Village of Home		Facili	ty Nan	ne):	Permit Number: Person ms4-il40035 Rober		Perso Robei	on Representing Permittee Who Contacted IEPA:	
Date: 05-07-12	Time: 10:15	AM ×	PM	IEPA Office Des plaines	ted:		Name of IEPA Employee Contacted: Alan Anderson		
Sanitary Sev	ver Ove	rflow	or B	ypass Det	ails				
Date and Durati	on of Ove	rflow o	ог Вура	ass Occurren	ce (com	plete a sepa	rate for	m for each occurrence):	
Start Date: 05-07-12	Time: 4:00	AM X	РМ	Duration of 18 hours	the over	flow or bypas	s (hour	rs and minutes):	
Estimated Volume of Wastewater WWTP Flow During bypass (report in Discharged (gallons): System SSO. Location of the Overflow or Bypass: 324,000 Location of the Overflow or Bypass:									
Circumstan	nee Call	elna	tha C)verflow o	r Dyna			The Allegan Control of the Control o	
WPC 733 11/2011	⊠ R	=		Power C	Outage	S (Check	nt Failu	ure Other (explain below)	
Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.									
								had 1.69" of rain for a total of 3.26"for the first roing us to pump the wet well to the storm sewer.	

Wet Weather	(if applicable)					
Date(s) and D	uration of Rainfall:					
Start Date: 05-06-12	Time: AM PM 1:00	End Date: 05-07-12	Time: 4:00	AM PM	Amount of Rainfall (inches)	Amount of Snow Meit (inches) 0
	Soil Conditions (sat 4/30/12 thru 5/7/1					
Where Did	the Discharge	from the O	verflow	or Bypas	ss Go? (check all that a	apply)
If discharge destorm sewer to		ly into surface water.				y stream, river, lake, or wetland. ver, trace the path of the ditch or
Ditch: Na	me of surface wate	r it drains to:				
⊠ Storm Sev	wer: Name of su	face water it o	drains to:	Calumet w	ater shed	00000 00000000000000000000000000000000
☐ Surface v	vater direct dischar	ge:			, , , , , , , , , , , , , , , , , , , ,	**************************************
☐ Basemen	t Back-ups, (Num	ber & use (i.e.	residential	, commerc	ial) of buildings affected):	
Other, de	scribe:				amusprosss	AND CONTRACT OF THE STATE OF TH
	v pump to replace to	he one that fa	iled. the ne		ill take 3 to 4 weeks for delive	
•	•	-#-			•	
	on: Robert LaChap			Con Title	tact Person: Same	
PO Box:					et Address:	
City:	Homewood	State	: <u>II </u>		Box:	
Zip Code:	60430	Phone: 708-	206-2910	-		State:
County:	cook		······		Code:	Phone:
	commits a Class				lent material statement, ora nt offense after conviction k	
Authorized R	Lepresentative Nam	ne (Print)		Title		
Robert LaCh	apelle			Utility Su	pervisor	
Rote	ufler				5-8-1	2

Authorized Representative Signature

Date



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Permittee (Municipality or Facility Name): Village of homewood				ne):	Permit Numb ms4-il40035	er: 		Representing Permittee Who Contacted IEPA: LaChapelle	
Date:	Time:	AM	PM		IEPA Office Contacted: Des Plaines			Name of IEPA Employee Contacted:	
Sanitary Sev	ver O	erflow/	or B	ypass De	talls				
Date and Durat	ion of C	verflow	or Byp	ass Оссите	nce (complete	a separa	te form	for each occurrence):	
Start Date: Time: AM PM Duration of the overflow or bypass (hours and minutes): 09-09-12 9:40 🔀 🗌 0									
Estimated Volume of Wastewater WWTP Flow During bypass (report in Discharged (gallons): Not applicable for a collection system SSO. WORD Flow During bypass (report in MGD): Not applicable for a collection system SSO. Location of the Overflow or Bypass:									
Circumstan	ces Ca	ausing	the (Overflow o	r Bypass (d	check a	III tha	t apply)	
WPC 733		Rain		☐ Power (Outage 🗌 E	quipment	Failur	e X Other (explain below)	
11/2011		Snow N	Иelt	☐ Broken	Sewer U	Videsprea	d Floo	ding	
Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.									
The homeowne	ers sew	er servic	e was	blocked.					

Wet Weather (if applic	cable)					
Date(s) and Du	ration o	f Rainfall:					
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches	Amount of Snow Melt (inches)
Contributing Son/a	oil Cond	litions (satu	ırated, frozen	, soil type))		
Where Did t	he Dis	scharge t	from the O	verflow	ог Вура	ss Go? (check all that	apply)
Provide the nau If discharge do storm sewer to	es not e	enter directl	ly into surface	nat the wa water, bu	istewater ei it indirectly	nters, which could be a near by way of a ditch or storm se	by stream, river, lake, or wetland. ewer, trace the path of the ditch or
Runs on gr	ound an	d absorbs	into the soil				
Ditch: Nan						WARRING PRICE VICTOR OF THE VICTOR O	VICENTALIZED DE SOCIETA DE LA CONTRACTOR
Storm Sew	er: N	ame of sur	face water it o	lrains to:			
		ct discharg					
■ Basement	Back-up	s, (Numb	per & use (i.e.	residentia	l, commerc	ial) of buildings affected):	
Other, des	cribe:					NAME AND ADDRESS OF THE PARTY O	THE PROPERTY OF THE PROPERTY O
							was down and flowing normally. I a plumber to have his sewer
Report Con	nplete	d By			Aut	thorized Representativ	ve Contact Information
Contact Perso	n:Robe	rt LaChape	elle		Con	tact Person: Same	
Street Address	s: 2020	Chestnut r	·d		Title		
PO Box:						et Address:	
City:		ewood	State	2		Box:	
Zip Code:	6043	······································	Phone: 708-2	206-2910	- ~	In	State:
County:	Cook	·		***************************************	Zip Cou	Code:	Phone:
	ommit				, or fraudu	ient material statement, or nt offense after conviction	
Authorized Re	epresen	tative Nam	e (Print)		Title		



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Permittee (Mun VILLAGE OF H			ty Nan	ne):	Permit Number MS4-IL40035			epresenting Permittee Who Contacted IEPA:
Date: 10-09-12	Time: 1:20	AM	PM X	IEPA Office DES PLAIN	Contacted:			me of IEPA Employee Contacted: MELA HOMES
Sanitary Sev	ver Ove	rflow	or B	ypass Det	ails			
Date and Durat	ion of Ove	erflow o	эг Вура	ass Occurrer	ice (complete	a separate fo	orm for	r each occurrence):
Start Date: Time: AM PM Duration of the overflow or bypass (hours and minutes): 10-06-12 5:15 🔲 🔀 2 HOURS								
Estimated Volume of Wastewater UNVTP Flow During bypass (report in Discharged MGD): Not applicable for a collection (gallons): System SSO. Location of the Overflow or Bypass:								
2 GALLONS	N/	Α		Antonia de la companya dela companya dela companya dela companya dela companya de la companya de		18948 BOL	DER C	COURT
Circumstan	ces Cau	sing	the C	verflow o	r Bypass (d	heck all t	hat a	pply)
WPC 733	R	Rain		☐ Power C	Outage 🗌 E	quipment Fai	ilure	✓ Other (explain below)
11/2011	□ s	now N	/lelt	Broken	Sewer 🗌 V	idespread F	loodin	g
failed. What ca	aused the	power	outag	e, or what plu	ugged the sew	er. Flooding	shoul	red. For example, describe what equipment ld only be indicated, as a cause if there is at localized high water in the street.
	A SVAHC							VER BACK-UP IN THE TOILET. THE SEWER TTO CLEAR THE BLOCKAGE AND DRAIN

Wet Weathe	r (if appli	cable)									
Date(s) and [Ouration o	of Rainfall:									
Start Date: N/A	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches	Amount of Snow Melt (inches)				
Contributing N/A	Soil Con	ditions (satu	urated, frozen	, soil type)							
Where Did	the Di	scharge 1	from the O	verflow	or Bypas	s Go? (check all that	apply)				
If discharge of storm sewer	loes not to find the	enter directl e recelving	ly into surface water.				by stream, river, lake, or wetland. ewer, trace the path of the ditch or				
Runson	-										
			r it drains to:	The state of the s	****	· · · · · · · · · · · · · · · · · · ·					
Storm Se	wer: N	lame of sur	face water it c	irains to:							
Surface	water din	ect discharg	ge:								
☐ Basemer	nt Back-u	ps, (Numb	oer & use (i.e.	residential	l, commerc	al) of buildings affected): 1	RESIDENTIAL				
○ Other, d	escribe:T	HE SEAL (ON THE TOIL	ET BROK	E WHEN T	HE EJECTOR PUMP PRES	SURIZED THE SYSTEM.				
	20000H20092AHAIDH2A7H2399-VY		HER REPAIR	S ARE NI							
Report Co	omplete	ed By			Aut	thorized Representativ	e Contact Information				
Contact Per	son: BOB	LACHAPE	LLE		Con	tact Person: SAME					
Street Addre	ess: 2020	CHESTNU	JTRD	40.000	Title						
PO Box:					Stre	at Addrasa:					
City:	HON	MEOOD	State	: <u>IL</u>	PO	Box:	subscommuned				
Zip Code:	6043	30	Phone: 708-	206-2910	City	TO COMMAND THE PROPERTY OF THE	State:				
County:	coc	K			_	Code:	Phone:				
					Cou	nty:	Microsoft Control Cont				
	commi					lent material statement, or nt offense after conviction					
Authorized	Represer	itative Nam	ne (Print)		Title						
ROBERT L	ACHAPE	LLE			UTILITY	UTILITY SUPERVISOR					
Puta	kuff	1_			Since Services Annual Control of the	10-10	-12				



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Permittee (Muni VILLAGE OF H			ty Nan	ne):	Permit Number MS4-IL40035			Representing Permittee Who Contacted IEPA: ACHAPELLE	
Date: 10-10-12	Time: 3:05	AM	PM ×	IEPA Office DES PLAIN	Contacted:			Name of IEPA Employee Contacted: PAMELA HOMES	
Sanitary Sev	ver Ove	rflow	or B	ypass Det	ails				
Date and Durati	on of Ove	rflow o	ог Вура	ass Occurren	ice (complete a	separat	e form	for each occurrence):	
Start Date: Time: AM PM Duration of the overflow or bypass (hours and minutes): 10-10-12 1:15 X 1 HOURS									
Estimated Volume of Wastewater VWVTP Flow During bypass (report in Discharged MGD): Not applicable for a collection (gallons): System SSO. Location of the Overflow or Bypass:									
2 GALLONS	N/A	4				2346 CI	yde Te	errace	
Circumstand	es Cau	sing	the C	verflow o	r Bypass (cl	heck a	II that	t apply)	
WPC 733	□R	ain		☐ Power 0	Outage	uipment	Failure	e X Other (explain below)	
11/2011	□ s	now N	lelt .	Broken	Sewer Wi	desprea	d Floor	ding	
Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.									
THE REISDENT AT 2346 CLYDE TERRACE CALL THE VILLAGE TO REPORT SEWER BACK-UP IN THE BASEMENT. THE SEWER APPEARED TO HAVE A TREE ROOT BLOCKAGE. WE USED OUR SEWER JET TO CLEAR THE BLOCKAGE AND DRAIN THE SEWER SYSTEM.									

Wet Weather	(if appli	cable)						
Date(s) and Di	uration c	of Rainfall:						
Start Date:	Time:	AM PM	End Date:	Time:	AM F	PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
Contributing S N/A	ioil Cond	litions (satu	ırated, frozen	, soil type)				
Where Did	the Dis	scharge t	from the O	verflow	or By	pas	ss Go? (check all that a	ipply)
Provide the na If discharge do storm sewer to Runs on g	es not e find the	enter directi e receiving	ly into surface water.	nat the wa water, bu	stewate t indire	er er ctly l	nters, which could be a nearby by way of a ditch or storm sev	v stream, river, lake, or wetland. ver, trace the path of the ditch or
Ditch: Na	me of su	rface wate	r it drains to:					
Storm Sev	ver: N	ame of sur	face water it o	Irains to:				-
Surface w	ater dire	ect discharg	je:					
X Basement	Back-u	os, (Numb	per & use (i.e.	residential	, comm	erci	al) of buildings affected): 1 R	ESIDENTIAL
Other, de							· · · · · · · · · · · · · · · · · · ·	
SEWER LINE							DRIANED THE MANHOLES.	WE WILL TELEVISE THE
Report Co	mplete	d By				٩ut	horized Representative	Contact Information
Contact Perso	n · BOB	LACHAPE	HE			Cont	tact Person: SAME	
Street Addres	***************************************				*****	Title		
PO Box:		11		W. F			-1.6.1-1	
City:	HOM	EOOD	State	: IL			Box:	
Zip Code:	6043	0	Phone: 708-2	206-2910	t	City:	, ,	State:
County:	COC	K				•	Code:	Phone:
					(Cou	nty:	
	commit						lent material statement, oral nt offense after conviction is	
Authorized R	epresen	tative Nam	e (Print)		Title			
ROBERT LA	CHAPE	LLE			UTILI	TY S	SUPERVISOR	
Alst	WIn						10-11-12	



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Date: 10-24-12	Time: 10:15	AM ×	PM	IEPA Office Des Plaines	Contacted:			ne of IEPA Employee Contacted: AN ANDERSON	
Sanitary Sev	ver Ov	erflow	or B	ypass Det	ails				
Date and Duration of Overflow or Bypass Occurrence (complete a separate form for each occurrence):									
Start Date:	Time:	AM	PM	Duration of	the overflow o	r bypass (ho	urs an	d minutes):	
10-19-12									
Estimated Volume of Wastewater WWTP Flow During bypass (report in Discharged (gallons): Not applicable for a collection system SSO. Location of the Overflow or Bypass: Circumstances Causing the Overflow or Bypass (check all that apply)									
Circumstant	_	(=)	tne (566	neck all t	nat a	ppiy)	
WPC 733		Rain		Power (Outage 🗌 E	quipment Fa	ilure	▼ Other (explain below)	
11/2011		Snow N	l elt	☐ Broken	Sewer 🗌 W	lidespread F	looding	g	
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The homeowners sewer service was blocked.									

Wet Weather	(if applic	able)						
Date(s) and Du	ration of	Rainfall:						
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rai	nfall (inches)	Amount of Snow Melt (inches)
Contributing S	oil Condi	tions (satu	ırated, frozen,	soil type)	ı			
Where Did 1	the Dis	charge f	rom the O	verflow	or Bypa	ss Go? (chec	k all that a	pply)
Provide the na If discharge do storm sewer to Runs on gr	es not end find the round and	nter directi receiving d absorbs	y into surface water. into the soil	nat the wa water, bu	stewater e t indirectly	nters, which coul by way of a ditch	d be a nearby or storm sew	stream, river, lake, or wetland. er, trace the path of the ditch or
_						TOTAL CONTROL OF THE PROPERTY		**************************************
			face water it d	rains to:		***************************************	ONOMOTION COMPENSATION AND A STATE OF A STAT	- FPTO-VINIMAN ACTION (CO.)
		ct discharg			ı	5 - 1) P1 - 11 11		V A A WOOD WHITE MORE A STATE OF THE STATE O
		s, (Numb	ier & use (i.e.i	residential	i, commerc	ial) of buildings a	iffected): 1 RI	ESIDENTAL
Other, des	scribe:	***************************************					VALUE VA	
Resident at 2 ran our sewer	r jet throu	gh the line	had sewer ba e. The residen	ck -up in ti	his back-u	p. We advised hi	m to call a plu	down and flowing normally.We mber to have his sewer rodded. Contact Information
Contact Perso	n:Rober	t LaChape	ile		Cor	itact Person: San	ne .	
Street Addres		***************************************			Titl			
PO Box:				(1,7,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	Stre			
City:	Home		State			Box:	WWW.	
Zip Code:	60430		Phone: 708-2	206-2910	City	PATRICIANTILI		State:
County:	Cook		· · · · · · · · · · · · · · · · · · ·			Code: inty:		Phone:
	commits							ly or in writing, to the a Class 3 felony. (415
Authorized R	epresent	ative Nam	e (Print)		Title			
Robert LaCha	apelle				Utility su	pervisor		
Ruty	lh						10-24-17	



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Permittee (Mur Village of home		r Facil	ity Nan	F 5 1	ermit Numbe 1s4-il40035	er:	Person Representing Permittee Who Contacted IEPA Robert LaChapelle		
Date: 10-24-12	Time: 10:15	AM ×	PM	IEPA Office O	Contacted:			Name of IEPA Employee Contacted: ALAN ANDERSON	
Sanitary Se	wer Ove	rflow	or B	ypass Detai	ils				
Date and Dura	tion of Ove	erflow	or Byp	ass Occurrence	e (complete	a separa	ite form	for each occurrence):	
Start Date: Time: AM PM Duration of the overflow or bypass (hours and minutes): 10-21-12 4:00									
Estimated Volume of Wastewater VWTP Flow During bypass (report in Discharged (gallons): Not applicable for a collection system SSO. WORTH Flow During bypass (report in MGD): Not applicable for a collection system SSO. Location of the Overflow or Bypass:									
Circumstan	ces Cau	sing	the C	Overflow or	Bypass (d	heck a	all tha	t apply)	
WPC 733 11/2011	_	Rain Snow N	/lelt	☐ Power Out		quipmen /idespre:			
failed. What c	aused the	power	outag	e, or what plug	ged the sew	er. Floo	ding sh	curred. For example, describe what equipment tould only be indicated, as a cause if there is just localized high water in the street.	
The homeown	ers sewer	servic	e was	blocked.			Manufacture discour		

Wet Weather	(if appli	cable)						
Date(s) and D	uration o	of Rainfall:						
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rai	nfall (inches)	Amount of Snow Melt (inches)
Contributing S	Soil Cond	ditions (satu	urated, frozen,	, soil type)				
Where Did	the Dis	scharge	from the O	verflow	or Bypas	ss Go? (chec	k all that a	pply)
Provide the na If discharge do storm sewer to Runs on g	pes not e o find the	enter direct e receiving	ly into surface water.	hat the wa water, bu	stewater en t indirectly	nters, which coul by way of a ditch	d be a nearby or storm sew	stream, river, lake, or wetland. er, trace the path of the ditch or
Ditch: Na	me of su	rface wate	r it drains to:					
☐ Storm Sev	ver: N	ame of sur	face water it o	Irains to:				
Surface v	vater dire	ect discharç	je:					
⊠ Basement	t Back-u	ps, (Numb	per & use (i.e.	residentia	l, commerc	ial) of buildings a	ffected): 1 R	ESIDENTAL
Other, de	scribe:						***************************************	
may be the si Resident at 1 ran our sewe	506 Idle rjet thro	wild Ave hugh the line	ad sewer bac	k -up in th	his back-up	o. We advised hi	m to call a plu	lown and flowing normally.We mber to have his sewer rodded. Contact Information
Contact Perso	nn Rohe	et LaChane	مااه		Con	tact Person: San	ne.	
Street Addres	*******			***************************************	Title			
PO Box:								
City:	Hom	ewood	State	: <u>IL</u>	PO	Box:		
Zip Code:	6043	0	Phone: <u>708-2</u>	206-2910	City	******		State:
County:	Cook					Code:		Phone:
					Cou			
Any person (Illinois EPA (ILCS 5/44(h))	commit	owingly ma s a Class 4	akes a false, i I felony. A si	fictitious, econd or	or fraudul subsequel	lent material sta nt offense after	ntement, orali conviction is	ly or in writing, to the a Class 3 felony. (415
Authorized R	epresen	tative Nam	e (Print)		Title			
Robert LaCh	apelle				Utility sup	ervisor		
Ruto	wfi	~					-24-1	2
Autho	, orized R	epresentati	ive Signature				Date	



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Sanitary Sewer Overflow or Bypass Notification Summary Report

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Permittee (Mu Village of hon	100	or Facil	ity Nar	ne):	Permit Number: ms4-il40035	Person Representing Permittee Who Contacted IEPA: Robert LaChapelle	
Date: 10-24-12	Time: 10:15	AM X	PM	IEPA Office Des Plaines	Contacted:	Name of IEPA Employee Contacted: ALAN ANDERSON	
Sanitary S	ewer Ov	erflow	or E	Sypass Det	ails		
Date and Dur	ation of Ov	erflow	or Byp	ass Occurren	ice (complete a s	eparate form for each occurrence):	
Start Date: 10-24-12	Time: 7:00	AM ×	PM	Duration of	the overflow or b	ypass (hours and minutes):	
Estimated Volume of Wastewater WWTP Flow During bypass (report in Discharged MGD): Not applicable for a collection system SSO. Location of the Overflow or Bypass:							
Circumsta	nces Ca	using	the (Overflow o	г Bypass (ch	eck all that apply)	
WPC 733 11/2011		Rain Snow N	Vielt			oment Failure X Other (explain below) espread Flooding	
failed. What	caused the	e power	r outag	je, or what pli	ugged the sewer	r bypass occurred. For example, describe what equipment Flooding should only be indicated, as a cause if there is er levels, not just localized high water in the street.	
The homeow	ners sewe	r servic	e was	blocked.	0		

Wet Weather	(if appli	cable)						
Date(s) and [uration (of Rainfall:						
Start Date:	Time:	AM PM	End Date:	Time:	AM	PM	Amount of Rainfall (inches	Amount of Snow Melt (inches)
Contributing	Soil Cond	ditions (satu	ırated, frozen	, soil type))			
Where Did	the Di	scharge f	from the O	verflow	or By	pas	ss Go? (check all that	apply)
Provide the n If discharge of storm sewer	loes not o	enter directi e receiving	ly into surface water.	hat the wa water, bu	istewat it indire	er er ectly l	nters, which could be a near by way of a ditch or storm so	by stream, river, lake, or wetland. ewer, trace the path of the ditch or
Ditch: Na	-							
			face water it o					
_		ect discharg		a ams to.			*** T ********************************	
_		_		racidentia	Laome	naroi	al) of buildings affected): 1	DESIDENTAL
							- Ventoria	RESIDENTAL
∐ Oulei, ut	:5011DE				····			AND THE RESIDENCE OF THE PROPERTY OF THE PROPE
Resident at ran our sew	18836 Ja	mie Ct. ha	ad sewer back e. The resider	K -up in the	e lower	leve	el. The village sewer line was b. We advised her to call a p	s down and flowing normally.We lumber to have his sewer rodded.
Report Co	mplete	d By				Aut	horized Representativ	e Contact Information
Contact Pers	on · Robe	art LaChane	مالم			Cont	tact Person: Same	
Street Addre			•			Title		
PO Box:	<u></u>						et Address:	
City:	Hom	ewood	State	: IL		PO I	Вох:	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Zip Code:	6043	0	Phone: 708-2	206-2910		City:		State:
County:	Cook	ζ			-	•	Code:	Phone:
						Cou	nty:	
	commit						ient material statement, on nt offense after conviction	
Authorized F	Represen	tative Nam	e (Print)		Title			
Robert LaCh	apelle				Utility	dus /	ervisor	
Retot	lefor						10-24-	-12



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Permittee (Municipality or Facility Name): Village of homewood				ne):	Permit Number: ms4-il40035	Person Representing Permittee Who Contacted IEPA: Robert LaChapelle		
Date: 10-31-12	Time: 10:00	AM ×	PM	IEPA Office Des Plaines	Contacted:	Name of IEPA Employee Contacted: ALAN ANDERSON		
Sanitary Se	ewer Ove	erflow	or B	ypass Def	tails			
Date and Dura	ation of Ov	erflow	or Byp	ass Occurrer	nce (complete a s	eparate form for each occurrence):		
Start Date: 10-30-12	Time: 2:45	AM _ □	PM X	Duration of	the overflow or by	ypass (hours and minutes):		
Estimated Volume of Wastewater WWVTP Flow During bypass (report in Discharged MGD): Not applicable for a collection (gallons): Location of the Overflow or Bypass:								
Circumsta	nces Ca	using	the (Overflow o	r Bypass (che	eck all that apply)		
WPC 733 11/2011		Rain Snow N	/lelt	☐ Power (☐ Broken	:	pment Failure		
failed. What	caused the	power	outag	e, or what pli	ugged the sewer.	or bypass occurred. For example, describe what equipment Flooding should only be indicated, as a cause if there is er levels, not just localized high water in the street.		
The homeow	ners sewer	servic	e was	blocked.				

Wet Weather (if appli	cable)						
Date(s) and Du	ıration o	f Rainfall:						
Start Date:	Time:	AM PM	End Date:	Time:	AM PN	Amount of R	Rainfall (inches	Amount of Snow Melt (inches)
Contributing S	oil Cond	litions (satu	ırated, frozen	, soil type))			
Where Did 1	he Dis	scharge 1	from the O	verflow	or Bypa	ass Go? (ch	eck all that	t apply)
Provide the na If discharge do storm sewer to Runs on gr	es not e find the	enter direct e receiving	ly into surface water.	hat the wa water, bu	stewater t indirectly	enters, which co y by way of a di	ould be a near tch or storm s	rby stream, river, lake, or wetland. ewer, trace the path of the ditch or
☐ Ditch: Nar								
Storm Sew			face water it o	drains to:			••	
Surface w	ater dire	ct discharg	ge:					
☒ Basement	Back-up	os, (Numb	oer & use (i.e.	residentia	, commer	cial) of building	s affected): 1	RESIDENTAL
Other, des	scribe:						_	
Actions to	Correc	t This O	ccurrence	and Pre	vent Fu	iture Owerflo	ows or Byp	asses
Describe wha this form. Als permits prohib may be the su	o descri oit overfl	be what ac lows or byp	tions are plar asses, unless	the volum ned to pro certain s	ne of wast event or m pecified c	ewater discharg ninimize future d onditions are mo	ged from the o overflows or by et. Sanitary s	overflow or bypass reported on ypassess. Illinois law and NPDES ewer overflows and bypasses
								down .We ran our sewer jet mber was rodding her sewer
Report Cor	nplete	d By			Αι	uthorized Re	presentati	ve Contact Information
Contact Perso	n:Robe	rt LaChape	elle		Co	ntact Person: S	ame	
Street Addres	s: 2020	Chestnut r	·d		Tit	tle:		
PO Box:						reet Address: _		
City:	***************************************	ewood		: <u>IL</u>	3) Box:		·
Zip Code:	6043		Phone: 708-	206-2910	Ciį		<u></u>	State:
County:	Cook					o Code: ounty:		Phone:
	commit							rally or in writing, to the is a Class 3 felony. (415
Authorized R	epres e n	tative Nam	e (Print)		Title			
Robert LaCha	apelle .				Utility sı	upervisor		
alles	Irlh					**************************************	10-31-	-12
Autho	rized R	epresentat	ive Signature			***************************************	Da	ite



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Permittee (Mui Village of hom	77	ity Nar	me):				rson Representing Permittee Who Contacted IEPA: bert LaChapelle		
Date: 10-31-12	Time: 1:00	AM	PM X	IEPA Office Des Plaines	ffice Contacted: ines			me of IEPA Employee Contacted: AN ANDERSON	
Sanitary Se	wer Ov	erflow	or E	ypass Def	tails				
Date and Dura	tion of Ov	erflow	or Byp	ass Occurrer	nce (complete	a separate	form fo	or each occurrence):	
Start Date: 10-31-12	Time: 11:30	AM ×	PM	Duration of	the overflow o	r bypass (h	iours ai	nd minutes):	
Estimated Voll Wastewater Discharged (gallons):	Estimated Volume of Vastewater WWTP Flow During bypass (report in Discharged MGD): Not applicable for a collection								
Circumstan	ices Ca	using	the (Overflow o	r Bypass (d	heck all	that a	apply)	
WPC 733		Rain		☐ Power (Outage 🗌 E	quipment F	ailure	✓ Other (explain below)	
11/2011		Snow I	Vielt	☐ Broken	Sewer U	videspread	Floodin	ıg	
failed. What o	aused the	e power	routag	je, or what pl	ugged the sew	er. Floodin	ıg shou	red. For example, describe what equipment uld only be indicated, as a cause if there is st localized high water in the street.	
The homeown	ers sewe	r servic	e was	blocked.		W. Carlotte Wee			

Wet Weather (if	applicable)									
Date(s) and Dun	ation of Raii	nfall:									
Start Date: Ti	me: AM	PM End [Date:	Time:	AM PM	Amount of Rain	fall (inches)	Amount of Snow Melt (inches)			
Contributing Soi	l Conditions	(saturated,	frozen,	soil type)						
Where Did th	ie Discha	rge from 1	the Ov	erflow	or Bypas	ss Go? (chec	k all that a	pply)			
If discharge does storm sewer to f	s not enter of ind the rece	directly into s iving water.	urface	at the wa water, bu	istewater ei it indirectly	nters, which could by way of a ditch	i be a nearby or storm sew	stream, river, lake, or wetland. er, trace the path of the ditch or			
Runs on gro											
Ditch: Name			-	-1 1		- THE CONTRACTOR OF THE CONTRA					
Storm Sewe			aterit di	ains to:		CONTRACTOR CONTRACTOR		ANCE-LIST-MITO.			
Surface wat		- ummun	(!		······································		*	W			
		Mamber & a	se (i.e.ri	esidentia	i, commerci	al) of buildings at	tectea): 1 RI	ESIDENTAL			
Other, desc	nde:	- THE PARTY OF THE									
may be the sub	ject of enfoi 633 Ashland ng problems	rcement acti I Ave had so s with roots. \	on. ewer ba	ck -up in	the house. 1 to call a pl	The village sewe	r line was cle	issess. Illinois law and NPDES er overflows and bypasses ar and open. The resident said			
Contact Person	:Robert La	Chapelle			Con	tact Person: Same	e				
Street Address:	MANAGEMENT TO THE PARTY OF THE				Title:						
PO Box:	annowates	78.			Stre	et Address:					
City:	Homewoo		State:	-	PO	Box:	·····				
Zip Code:	60430	Phone	708-2	06-2910	City			State:			
County:	Cook				Zip (Cou	Code:		Phone:			
					Cou		***************************************	44.44.44.44.44.44.44.44.44.44.44.44.44.			
Any person willinois EPA co ILCS 5/44(h))	no knowing emmits a Ci	ıly makes a lass 4 felon	false, fi y. A se	ictitious, cond or	, or fraudul subsequel	ient material sta nt offense after d	tement, orall conviction is	y or in writing, to the a Class 3 felony. (415			
Authorized Rep	resentative	Name (Prin	t)		Title						
Robert LaChap	elle				Utility sup	ervisor					
Mortafile				400.000			16-31-1	2			
Authori	zed Repres	entative Sig	nature	_			Date				



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Permittee (Mi Village of Hor		or Facil	ity Naı	ne): 	Permit Number: ms4-il40035	Person Representing Permittee Who Contacted IEPA: Robert LaChapelle			
Date:	Time:	AM	PM	IEPA Office	e Contacted:	Name of IEPA Employee Contacted:			
11-16-12	7:30	X		Des Plaine	s	ALAN ANDERSON			
Sanitary S	ewer Ov	erflow	or E	ypass De	tails				
Date and Dur	ation of Ov	erflow	or Byp	ass Occurre	nce (complete a	separate form for each occurrence):			
Start Date:	Time:	AM	PM	Duration of	f the overflow or b	pypass (hours and minutes):			
11-15-12									
Estimated Vo Wastewater Discharged (gallons):	V N	WVTP I IGD): I ystem (Not ap	uring bypass plicable for a	collection	ocation of the Overflow or Bypass:			
Circumsta	nces Ca	using	the (Overflow o	or Bypass (ch	eck all that apply)			
WPC 733		Rain		☐ Power (Outage 🗌 Equ	ipment Failure 🔀 Other (explain below)			
11/2011		Snow N	Vielt	☐ Broken	Sewer Wid	espread Flooding			
failed. What	caused the	power	r outag	je, or what pl	ugged the sewer	or bypass occurred. For example, describe what equipment. Flooding should only be indicated, as a cause if there is er levels, not just localized high water in the street.			
The homeow	ners sewei	rservic	e was	blocked.	**************************************	Ty			

Wet Weather (i	f applical	ble)						
Date(s) and Dur	ration of R	lainfall:						
Start Date: T	īme: ,	AM PM	End Date:	Time:	AM PM	Amount of Rain	ıfall (inches)	Amount of Snow Melt (inches)
Contributing So	il Conditio	ons (satu	rated, frozen	, soil type)				
Where Did th	ne Disc	harge f	rom the O	verflow	or Bypas	s Go? (chec	k all that a	pply)
Provide the nam If discharge doe storm sewer to	s not ento find the re	er directly ceiving v	y into surface water.	nat the wa water, bu	stewater er t indirectly l	nters, which could by way of a ditch	d be a nearby or storm sew	stream, river, lake, or wetland. er, trace the path of the ditch o
☐ Ditch: Nam								
Storm Sewe	er: Nam	e of surf	ace water it d	 Irains to:		TANDES TO THE STATE OF THE STAT		THE PROPERTY OF THE PROPERTY O
Surface wa	ter direct	discharg	e:			THE TOWN OF TAXABLE PROPERTY OF THE TAXABLE PROPERTY OF TA	W. COLAR-MAINING OF STAMP	TOWN THE CONTROL OF T
⊠ Basement B	Back-ups,	(Numb	er & use (i.e.ı	residential	, commerci	al) of buildings a	ffected): 1 RE	SIDENTAL
Other, desc							-	
Report Com			nowing. A plu	imber was		eir sewer service		Contact Information
-	•	-				•		
Contact Person Street Address:		<u>-</u> -				act Person: <u>Sam</u>	e	THE STATE OF THE S
PO Box:	2020 011	Course			Title	:et Address:	THE RESIDENCE ASSESSMENT OF THE PARTY OF THE	
City:	Homewo	ood	State:	IL	PO E	West and the second		
Zip Code:	60430	F	Phone: 708-2		Gity:		· ····································	State:
County:	Cook				Zip C Cour	Code:		Phone:
Any person wi illinois EPA co ILCS 5/44(h))	ho knowi ommits a	ngly ma Class 4	kes a false, i felony. A se	fictitious, econd or s	or frauduk subsequen	ent material stat t offense after c	tement, orally conviction is	y or in writing, to the a Class 3 felony. (415
Authorized Rep	oresentati	ve Name	(Print)		Title			
Robert LaChap	elle				Utility sup	ervisor		



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Permittee (Mu Village of hom	ity Nar	ne):	Permit Number: ms4-il40035		Person Representing Permittee Who Contacted IEPA: Robert LaChapelle			
Date: 11-26-12	Time: 9:10	AM	PM	IEPA Office Des Plaine	e Contacted:			ame of IEPA Employee Contacted: .AN ANDERSON
Sanitary Se	· · · · · · · · · · · · · · · · · · ·		u uor F					AN ANDERGON
-						a separ	ate form fo	or each occurrence):
Start Date: 11-26-12	Time: 8:00	AM ×	PM	Duration of	f the overflow (or bypas	s (hours a	and minutes):
Estimated Volume of Wastewater WWTP Flow During bypass (report in Discharged MGD): Not applicable for a collection (gallons): System SSO. Location of the Overflow or Bypass:								
0								
Circumstar	ices Cai	using	the (Overflow o	or Bypass (check	all that	apply)
WPC 733	□ F	- Rain		☐ Power	Outage 🔲 E	quipme	nt Failure	★ Other (explain below)
11/2011		Snow I	Vlelt	☐ Broken	Sewer 🗌 V	Midespre	ead Floodi	ng
failed. What o	aused the	powe	r outaç	je, or what p	lugged the sev	wer. Flo	oding sho	πed. For example, describe what equipment uld only be indicated, as a cause if there is ust localized high water in the street.
The homeown	iers sewer	servio	e was	blocked.		, ,		

Wet Weather	(if appli	cable)						
Date(s) and D	uration o	of Rainfall:						
Start Date: n/a	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rail	nfall (inches)	Amount of Snow Melt (inches)
Contributing S	Soil Cond	ditions (satu	ırated, frozen	, soil type))			
Where Did	the Di	scharge i	from the O	verflow	or Bypa	ss Go? (ched	ck all that a	pply)
Provide the natification is the state of the	oes not o o find the	enter direct e receiving	ly into surface water.	hat the wa water, bu	istewater e it indirectly	nters, which coul by way of a ditch	d be a nearby or storm sew	stream, river, lake, or wetland. er, trace the path of the ditch or
Ditch: Na	-							
				draine to:				
Surface \	water dire	ect dischar	race water it t	arains to.	CONTRACTOR OF THE PARTY OF THE			
_		•		racidantia	Loommara	ial) of buildings a	officiated): 4 D	- OID - NTAI
Other, de							***************************************	ESIDEN I AL
Other, de	, sciide. 	~ ~~~		·····				The state of the s
Report Co			d a problem. Y	We advise	MANAGEM AND THE ANGLES AND THE	call a plumber.	resentative	Contact Information
·	•	"				•		
Contact Pers Street Addre					******	itact Person: <u>San</u>		THE PROPERTY OF THE PROPERTY O
PO Box:	33, 2020	Onestiluti	<u>u</u>		Titl	e:eet Address:		- CONTRACTOR AND
City:	Hom	ewood	State	e: IL		Box:		COMMUNICATION CONTRACTOR CONTRACT
Zip Code:	6043		Phone: 708-	***************************************			CTATE TALL AND ADDRESS OF THE STATE OF THE S	 State:
County:	Cool	(22247772222	Zip	Code:	HATE U	Phone:
	commit							ly or in writing, to the a Class 3 felony. (415
Authorized F	Represer	ıtative Nam	ne (Print)		Title			
Robert LaCh	papelle	4			Utility su	pervisor	-	
Roth	Luf.	Sm		DAGOCIO CONTROLO DE CARACIO DE CA		11	1-26-1	2



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Permittee (Municipality or Facility Name): Village of Homewood				ne):			son Representing Permittee Who Contacted IEPA: bert LaChapelle		
Date:	Time:	AM	PM	IEPA Office Des Plaines	Contacted:		me of IEPA Employee Contacted: AN ANDERSON		
12-06-12 Sanitant St	10:00			Promount		AL.	AN ANDERSON		
Sanitary Se						separate form fo	or each occurrence):		
Start Date:	Time:	AM	PM	Duration of	the overflow or	bypass (hours a	nd minutes):		
12-05-12	2:45		X	0					
Estimated Vo Wastewater Discharged (gallons):	۷۸ M	M/TP F IGD): N ystem S	Not ap	uring bypass plicable for a	collection	Location of the O	verflow or Bypass:		
Circumsta	nces Cai	using	the (Overflow o	r Bypass (ch	neck all that a	ipply)		
WPC 733	I	Rain		Power (Outage 🗌 Equ	ipment Failure	★ Other (explain below)		
11/2011		Snow N	/lelt	☐ Broken	Sewer 🔲 Wid	despread Floodir	ng		
failed. What	caused the	power	outag	je, or what pl	ugged the sewe	r. Flooding shou	red. For example, describe what equipment all only be indicated, as a cause if there is stocalized high water in the street.		
The homeow			***************************************						

Wet Weather (if applicable)			
Date(s) and Duration of Rainfall:			
Start Date: Time: AM PM End Date: Time:	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)
Contributing Soil Conditions (saturated, frozen, soil typn/a	e)		
Where Did the Discharge from the Overflow	w or Bypa	ss Go? (check all that a	pply)
Provide the name of the local receiving water that the value of discharge does not enter directly into surface water, storm sewer to find the receiving water.	wastewater e but indirectly	nters, which could be a nearby by way of a ditch or storm sew	stream, river, lake, or wetland. ver, trace the path of the ditch or
Runs on ground and absorbs into the soil			
Ditch: Name of surface water it drains to:			
Storm Sewer: Name of surface water it drains to	•	and Community and Management of the Community of the Comm	
Surface water direct discharge:	***************************************	**************************************	
図 Basement Back-ups, (Number & use (i.e.resident	ial, commerc	ial) of buildings affected): 1 R	ESIDENTAL
Other, describe:		V-CATHLES COMMON	
resident had A plumber on the way to rod their sewe Report Completed By		thorized Representative	Contact Information
	Ди	monzed representative	Contact information
Contact Person: Robert LaChapelle		tact Person: Same	
Street Address: 2020 Chestnut rd	Title		
PO Box: Citv: Homewood State: IL		eet Address: Box:	
City: Homewood State: IL Zip Code: 60430 Phone: 708-206-291			State:
County: Cook	-	Code:	Phone:
		inty:	
Any person who knowingly makes a false, fictition lllinois EPA commits a Class 4 felony. A second of ILCS 5/44(h))			
Authorized Representative Name (Print)	Title		
Robert LaChapelle	Utility su	pervisor	
Katalla			./2_



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Permittee (Municipality or Facility Name): Village of Homewood					Permit Number: ms4-il40035	Person Representing Permittee Who Contacted IEPA: Robert LaChapelle			
Date:	Time:	AM	PM	IEPA Office	e Contacted:	Name of IEPA Employee Contacted:			
12-11-12	10:50	X		Des Plaine	S	ALAN ANDERSON			
Sanitary S	ewer Ove	∍rflov	v or E	3ypass De	tails				
Date and Dur	ation of Ov	erflow	or Byp	ass Occurre	nce (complete a	separate form for each occurrence):			
Start Date: Time: AM PM Duration of the overflow or bypass (hours and minutes):									
12-11-12	10:15	_ 🗶				· · · · · · · · · · · · · · · · · · ·			
Estimated Volume of Wastewater WWTP Flow During bypass (report in Discharged MGD): Not applicable for a collection (gallons): Location of the Overflow or Bypass:									
Circumsta			tne t	Oweniow c	ir Bypass (cn	eck all that apply)			
WPC 733	f	🔲 Rain			☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)				
11/2011	;	Snow N	∕lelt	☐ Broken Sewer ☐ Widespread Flooding					
failed. What	caused the oding that i	power is caus	r outag ed by	ge, or what pl high river, str	ugged the sewer	or bypass occurred. For example, describe what equipment . Flooding should only be indicated, as a cause if there is er levels, not just localized high water in the street.			
	11613 261/6[SEIVIC	c was	Diucked.					

Wet Weather	(if appli	cable)										
Date(s) and D	uration o	f Rainfall:										
Start Date: n/a	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfal	l (inches)	Amount of Snow Melt (inches)				
Contributing S	Soil Cond	itions (satu	ırated, frozei	n, soil type)	1							
Where Did	the Dis	charge t	from the C	Overflow	or Bypas	s Go? (check	all that a	pply)				
Provide the nall fidischarge distorm sewer to Runs on g	oes not e o find the	nter directi receiving	y into surfac water.	that the wa e water, bu	stewater ei t indirectly	nters, which could b by way of a ditch or	e a nearby storm sew	stream, river, lake, or wetland. er, trace the path of the ditch or				
Ditch: Na	me of su	rface water	r it drains to:									
Storm Sev	wer: N	ame of sur	face water it	drains to:								
Surface v	vater dire	ct discharg	je:		VPPH ANNO PORTER OF HIS CONTROL OF SECULAR SEC		~~~	·				
■ Basemen	t Back-up	s, (Numb	er & use (i.e	residentia	, commerci	al) of buildings affec	ted): 1 RE	ESIDENTAL				
Other, de						, •	,					
flowing. The			a plumber	to rod the			entative	Contact Information				
Contact Pers	on:Robe	rt I a∩hane	ماله		Con	Contact Person: Same						
Street Address	PARTICIPATION DE LA COMPANION					Title:						
PO Box: City:	Home	wood	Stat	e: IL		et Address:						
Zip Code:	60430)	Phone: 708	***************************************	City			State:				
County:	Cook				Zip (Cou	Code: nty:		Phone:				
Any person Illinois EPA ILCS 5/44(h)	commits	wingly ma a Class 4	nkes a false, l felony. A s	, fictitious, second or	or fraudul subsequei	ent material staten It offense after cor	nent, orall viction is	y or in writing, to the a Class 3 felony. (415				
Authorized R	epresent	ative Name	e (Print)		Title							
Robert LaCh	apelle				Utility sup	ervisor						
Ruster	An						2-11-	-/2-				

Authorized Representative Signature

Date



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Sanitary Sewer Overflow or Bypass Notification Summary Report

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Permittee (Municipality or Facility Name): VILLAGE OF HOMEWOOD					Permit Number MS4-IL40035	Permit Number: Person Representing Permittee Who Con BOB LACHAPELLE				
Date: 12-14-12	Time: 8:15	AM _	PM X	IEPA Office	ce Contacted: INES			ame of IEPA Employee Contacted: _AN ANDERSON		
Sanitary Sewer Overflow or Bypass Details										
Date and Durat	ion of Ov	erflow	or Bypa	ass Occurrei	nce (complete	a separa	te form f	or each occurrence):		
Start Date: 12-13-12	: Time: AM PM Duration of the overflow or bypass (hours and minutes): 1:20									
Estimated Volume of Wastewater WWTP Flow During bypass (report in Discharged MGD): Not applicable for a collection system SSO. Location of the Overflow or Bypass:										
0 GALLONS	N	/A			18306 CARPENTER ST					
Circumstan	ces Cai	using	the C	Overflow o	or Bypass (d	check a	ill that	apply)		
WPC 733 11/2011		Rain Snow N	/lelt			•	t Failure ad Floodi	★ Other (explain below)		
Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.										
	3 JAHC	SOFT [DEBRI	S BLOCKAG	SE. WE USED	OUR SE	WER JE	SLOW FLUSHING TOILETS. THE SEWER IT TO CLEAR THE BLOCKAGE IN THE OTS.		

Wet Weather (if applica	ble)									
Date(s) and Du	ration of	Rainfall:									
Start Date:	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inch	es)	Amount of Snow Melt (inches)			
Contributing So	oil Conditi	ons (satu	rated, frozen,	soil type)							
Where Did t	he Disc	harge f	rom the O	verflow	or Bypas	s Go? (check all th	at ap	ply)			
Provide the naulf discharge do storm sewer to	es not en	ter directl	y into surface	nat the wa water, bu	stewater er t indirectly l	iters, which could be a ne by way of a ditch or storm	arby s sewe	tream, river, lake, or wetland. r, trace the path of the ditch or			
Runs on gr	ound and	absorbs	into the soil								
Ditch: Nan	ne of surfa	ace water	r it drains to:								
☐ Storm Sew	er: Nar	ne of surf	face water it d	rains to:							
Surface w	ater direcl	discharg	je:								
Basement	Back-ups	, (Numb	er & use (i.e.	esidential	, commerci	al) of buildings affected):	1 RES	SIDENTIAL			
★ Other, des	cribe: SL	OW FLU	SHING TOILE	TS NO B	ACK-UP IN	HOUSE					
	OW FLOV	v. WE WI			E TO SEE	IF FURTHER REPAIRS A	ARE N				
-	•					Authorized Representative Contact Information					
Contact Perso						Contact Person: SAME					
Street Address PO Box:	s: <u>2020 C</u>	MESINO	עאוי		Title	: et Address:					
City:	HOME	OOD	 State:	. 11	PO I		······································				
Zip Code:	60430		Phone: 708-2		City:			State:			
County:	СООК			XMMR (VIDELAX	-	Code:		Phone:			
						ent material statement, o t offense after convictio					
Authorized Re	epresenta	tive Nam	e (Print)		Title						
ROBERT LAC	HAPELL	E			UTILITY S	UTILITY SUPERVISOR					
Rinta	J.Gr						-14	-12			



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								erson Representing Permittee Who Contacted IEPA: OB LACHAPELLE		
Date:	Time:	AM	PM	IEPA Office	Contacted:		Na	ame of IEPA Employee Contacted:		
12-21-12	8:25	X		DES PLAIN	IES		<u>AL</u>	LAN ANDERSON		
Sanitary Se	wer Ove	erflow	or E	ypass Def	tails					
Date and Dura	tion of Ov	erflow	or Byp	ass Occurrer	nce (complete a	a separate	form fo	for each occurrence):		
Start Date: Time: AM PM Duration of the overflow or bypass (hours and minutes):										
12-20-12	4:00		X	1 HOURS	(dishahuaan muninga ya mana ka			<u> </u>		
Estimated Volume of Wastewater Uischarged (gallons): WWTP Flow During bypass (report in MGD): Not applicable for a collection system SSO. Location of the Overflow or Bypass:										
0 GALLONS	N	/A				19130 CENTER				
Circumstar	ices Cai	using	the (Overflow o	r Bypass (c	heck al	I that	apply)		
WPC 733	X	Rain		☐ Power (Outage 🗌 Equipment Failure 🔀 Other (explain below)					
11/2011		Snow N	/ leit	Broken	Sewer 🔲 Widespread Flooding					
Provide a narrative description to further explain why the overflow or bypass occurred. For example, describe what equipment failed. What caused the power outage, or what plugged the sewer. Flooding should only be indicated, as a cause if there is significant flooding that is caused by high river, stream, or lake water levels, not just localized high water in the street.										
THE HOMEON SEWER SERV					THE VILLAG	SE TO RE	PORT E	BASEMENT BACK-UP. THE HOMEOWNER'S		

Wet Weather	r (if applicable)									
Date(s) and [Duration of Rainfal	l:								
Start Date: 12-19-12	Time: AM PN		Time: 3:00	AM PM	Amount of Rainfall (inches)	Amount of Snow Melt (inches)				
Contributing N/A	Soil Conditions (sa	aturated, frozen,	soil type)	ı						
Where Did	the Discharge	e from the Ov	erflow	or Bypas	s Go? (check all that	apply)				
If discharge of storm sewer	ame of the local re does not enter dire to find the receivin ground and absort	ctly into surface g water.	at the wa water, bu	stewater er t indirectly	nters, which could be a nearb by way of a ditch or storm sev	y stream, river, lake, or wetland. wer, trace the path of the ditch o				
Ditch: Na	ame of surface wa	ter it drains to:								
Stom Se	wer: Name of s	urface water it di	rains to:							
Surface	water direct discha	arge:								
⊠ Basemer	nt Back-ups, (Nur	nber & use (i.e.r	esidential	, commerci	al) of buildings affected): 1 F	RESIDENTIAL				
Other, do	escribe:				***************************************					
					ure Owerflows or Bypa					
this form. A permits proh	at actions were ta Iso describe what iibit overflows or b subject of enforcer	actions are plant ypasses, unless	the volurr ned to pre certain sp	e of waster event or mir pecified cor	water discharged from the ov- simize future overflows or byp aditions are met. Sanitary sev	erflow or bypass reported on assess. Illinois law and NPDES wer overflows and bypasses				
	THE SEWER AND FO ROD HER SEV			. THE HOM	MEOWNER STILL HAD BACK	C-UP. SHE CALLED A				
Report Co	mpleted By			Aut	horized Representative	Contact Information				
Contact Pers	son: BOB LACHAF	PELLE		Cont	Contact Person: SAME					
	ss: 2020 CHESTI				Title:					
PO Box:					Street Address:					
City:	HOMEOOD	State:	<u>IL</u>	PO	Зох:	******				
Zip Code:	60430	Phone: 708-2	06-2910	City	**************************************	State:				
County:	COOK			Zip (Cou	Code: nty:	Phone:				
Any person Illinois EPA ILCS 5/44(h	commits a Class	makes a false, f s 4 felony. A se	ictitious, cond or	or fraudul	ent material statement, ora nt offense after conviction is	lly or in writing, to the s a Class 3 felony. (415				
Authorized F	Representative Na	me (Print)		Title						
ROBERT LA	CHAPELLE			UTILITY	SUPERVISOR					
145	Kuffr				12-	21-12				
Auth	norized Represent	ative Signature			Date	· }				



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Date: 12-27-12	Time: 7:25	AM ×	PM	IEPA Office Des Plaine	Office Contacted: aines		Name of IEPA Employee Contacted: ALAN ANDERSON			
Sanitary S	ewer Ove	erflow	or E	ypass De	tails					
Date and Dur	ation of Ov	erflow	ог Вур	ass Occurre	nce (complete a sepa	arate form	for each occurrence):			
Start Date: 12-26-12	And I'm Duration of the overnow of bypass (notifs and militates).									
Estimated Vo Wastewater Discharged (gallons):	V\ M	M/TP I GD): I /stem \$	Not ap	uring bypass plicable for a	collection	tion of the	Overflow or Bypass:			
Circumsta	nces Cai	using	the (Overflow o	or Bypass (check	all tha	t apply)			
WPC 733		Rain			☐ Power Outage ☐ Equipment Failure ☒ Other (explain below)					
11/2011		Snow A	/lelt	☐ Broken	Sewer					
failed. What	caused the	power	outag	e, or what pl	ugged the sewer. Fl	ooding sh	eurred. For example, describe what equipment ould only be indicated, as a cause if there is just localized high water in the street.			
The homeow	ners sewer	servic	e was	blocked.						

Wet Weather	(if appli	cable)										
Date(s) and D	uration o	f Rainfall:										
Start Date: n/a	Time:	AM PM	End Date:	Time:	AM PM	Amount of Rainfall (inches	Amount of Snow Melt (inches)					
Contributing S	Soil Cond	litions (satu	ırated, frozer	ı, soil type))							
Where Did	the Dis	scharge f	rom the C	verflow	or Bypas	ss Go? (check all that	apply)					
Provide the na If discharge distorm sewer to Runs on g	oes not e o find the	enter directle receiving	y into surfac water.	that the wa e water, bu	astewater er at indirectly	nters, which could be a near by way of a ditch or storm so	by stream, river, lake, or wetland. ewer, trace the path of the ditch or					
Ditch: Na	me of su	rface water	r it drains to:									
Storm Sev	wer: N	ame of sur	face water it	drains to:								
Surface v	vater dire	ect discharg	je:		···							
⊠ Basemen	t Back-ui	os. (Numb	er & use (i.e	residentia.	I. commerci	ial) of buildings affected): 1	RESIDENTAL					
Other, de						-	11 to 01 to					
The resident	s proble	m had corre			we arrived.		was down and flowing normally.					
0	n		. (1 –		•	•						
Contact Pers Street Addres						tact Person: Same						
PO Box:	33, <u>EULU</u>	<u> </u>	<u> </u>			Title: Street Address:						
City:	Hom	ewood	State	e: IL		Box:						
Zip Code:	6043	0	Phone: 708	206-2910	- Ci t y	•	State:					
County:	Cook		***************************************		Zip	Code:	Phone:					
					Cou	nty:						
	commit					lent material statement, or nt offense after conviction						
Authorized R	lepresen	tative Nam	e (Print)		Title	Title						
Robert LaChapelle						Utility supervisor						
River	tax.	1_					27-/2					